

JB DOGM	M/015/061	3/16/20	001	
SENDER: COMPLETE THIS S	COMPLETE THIS SECTION ON DELIVERY			
 Complete items 1, 2, and 3. A item 4 if Restricted Delivery is Print your name and address so that we can return the care Attach this card to the back or on the front if space permit 	s desired. on the reverse d to you. of the mailpiece,	A. Received by (Plea	Heath	B. Date of Delivery 3 2 1 0 Agent Addressee
1. Article Addressed to: NEAL MORTENSEN WESTERN CLAY CO 508 E CENTER	Man 2	D. Is delivery address If YES, enter delive		
AURORA UT 84620	100	3. Service Type		
		XX Certified Mail Registered Insured Mail	☐ Express Mai ☐ Return Rece ☐ C.O.D.	l lipt for Merchandise
		4. Restricted Delivery	/? (Extra Fee)	☐ Yes
2. Article Number (Copy from service label) 7000 0520 0021 7582 8753				
PS Form 3811, July 1999	Domestic Retu	ırn Receipt		102595-99-M-1789